

STAFFORD
RURAL DISTRICT COUNCIL

ANNUAL
REPORT

of the
Medical Officer of Health
and the
Chief Sanitary Inspector
FOR THE YEAR 1946

AUGUST, 1947

ANNUAL REPORT

Public Health Department,
7, St. Mary's Grove,

Stafford.

August, 1947.

To the Chairman and Members of the Stafford Rural District Council.

Ladies and Gentlemen,

I have the honour of submitting to you the Annual Report for the Year 1946.

The report has been compiled in compliance with the recommendations of the Ministry of Health.

It will be seen from the Statistics in the body of the report that the Stafford Rural District had a Birth Rate of 18.7 and a Death Rate of 9.3 per 1,000, compared with respective figures of 19.1 and 11.5 for England and Wales. The incidence of Infectious Diseases in the Area also compares most favourably with the rest of the country.

Little progress was made in the erection of new houses during 1946. I mentioned in my Report for 1945 that building of a limited character had commenced in Forton, Moreton, Ellenhall and Adbaston—this was in August, 1946. At the time of going to press four new houses at Moreton have been occupied, those in the three other parishes not yet being completed. The work of laying-out the Gnosall Housing Site has commenced—roads, sewers, etc.—and it is to be hoped that the work will proceed with speed.

The advent of the "Squatters" on the Hixon Site revealed the Housing need in all its urgency. A number of Nissen Huts has since been converted and this has provided much needed accommodation for several families. The 50 Airey Pre-Cast Houses to be erected in the Area have, so far, not taken form, but the actual sites are in advanced preparation. There will certainly not be a dearth of applicants for any houses which the Council can erect in the future, immediate or remote.

In the majority of parishes in the Area, the selection of a housing site carries problems associated with water supply and sewage disposal arrangements. The members of the Housing Committee have devoted considerable time to the planning, choosing of sites, etc., of new houses and it is a matter of great regret that such efforts have not been rewarded by a greater number of houses ready for occupancy. Shortages of materials and labour during the year were major factors in the Council's failure to complete more houses.

During the year good progress was made in the Western Area Water Scheme.

I have to thank the Chief Sanitary Inspector, the Additional Sanitary Inspector and the Department Clerk for help in preparing this report, and to record once again my appreciation of the help and courtesy extended to me by the Public Health Committee and Members of the Council during 1946.

I am, Ladies and Gentlemen,

Your obedient Servant,

ALEXANDER THOMSON.

Public Health Committee, 1946.

Chairman—

COUNCILLOR A. J. BOURNE.

Vice-Chairman—

COUNCILLOR J. GOUGH.

Members—

Coun.	J. R. Ball	Coun.	J. Poulson.
„	A. Billington	„	S. Robinson
„	J. C. Holme	„	Earl of Shrewsbury.
„	A. J. James	„	E. W. Stubbs
„	P. Kemp	„	W. Turner
„	W. Martin	„	C. G. Wright
„	H. C. Plant		

Public Health Officers.

Medical Officer of Health—

A. THOMSON, M.B., Ch.B., D.P.H. (Edin.)

Chief Sanitary Inspector—

G. M. LAWTON, A.M.I.S.E., M.R.S.I., M.S.I.A., Certified Food Inspector.

Additional Sanitary Inspector—

D. K. PEDLEY, A.R.S.I., M.S.I.A. (resigned Sept, 1946).
A. F. WARD, M.R.S.I., M.S.I.A. Certified Food Inspector
(From November, 1946).

Clerk—

MISS MARGARET HUGHES.

General Statistics, Social Conditions and Health Services in the Area.

Area (in acres)	80,249
Number of Inhabited Houses	3,999
Rateable Value	£74,266
Sum represented by a penny rate	£307 4s. 10d
Population (as estimated by the Registrar-General) ..	14,940
Estimated No. of Agricultural Workers	1,149
Estimated No. of Workers in other occupations	5,101
Estimated No. of Employed Persons	6,250

There were no alterations in the Boundaries of the Rural Area in 1946. In my report for 1945 I made mention of the Local Government (Boundary Commission) Bill, 1945 ; the objects of such legislation naturally engages the keen interest of the Council.

Industries.

Many residents of the Area are normally mainly engaged in Agriculture, Dairy Farming and allied occupations, but a substantial number residing in the rural area are employed in the County Town of Stafford, where the chief industries are Engineering and Boot and Shoe Manufacturing.

Vital Statistics for the Year 1946.

In 1946 the Live Birth Rate per 1,000 of the civilian population was 18.7.

Year	Stafford R.D. Live Birth Rate per 1,000 Civilian Population.
1946	18.7
1945	18.2
1944	19.6
1943	21.1
1942	19.3
1941	17.9
1940	16.8

The Still-Birth Rate per 1,000 Civilian Population was 0.27 in 1946, compared with rates of 0.41, 0.40, 0.55, 0.61 and 0.80 in 1945, 1944, 1943, 1942 and 1941 respectively.

During 1946 the rate of Illegitimate to Legitimate births was 1 to 16, compared with 1 to 15, 1 to 14, 1 to 16 and 1 to 36 in 1945, 1944, 1943 and 1942 respectively.

There were 279 (268) Live Births in the Rural Area in 1946, 133 (129) boys and 146 (139) girls. The figures in brackets are those for 1945.

In the following table comparative figures for Live and Still Births are shown for England and Wales :—

		Live Birth Rate per 1,000 Civilian Population.	
Year		Stafford R.D.	England and Wales
1946	.....	18.7	19.1
1945	.....	18.2	16.1
1944	.....	19.6	17.6
1943	.....	21.1	16.5

		Still-Birth Rate per 1,000 Civilian Population.	
Year		Stafford R.D.	England and Wales
1946	.....	0.27	0.53
1945	.....	0.41	0.46
1944	.....	0.40	0.50
1943	.....	0.55	0.51

Deaths.

In 1946 the Death-Rate per 1,000 of the Civilian Population was 9.3, compared with a Rate of 11.5 for England and Wales.

		Death-Rate per 1,000 Civilian Population.	
Year		Stafford R.D.	England and Wales
1946	.....	9.3	11.5
1945	.....	10.9	11.4
1944	.....	9.8	11.6
1943	.....	12.9	12.1

In the Stafford Rural District total deaths in 1946 numbered 139, 64 males and 75 females. The excess of live births over total deaths was 140, compared with 108 and 146 in 1945 and 1944 respectively.

Deaths of Infants under 1 year of age totaled 17, 14 legitimate and 3 illegitimate, giving a Death Rate per 1,000 live births of 61, compared with a rate of 43 for England and Wales.

		Infant Mortality Rate. Death-Rate of Children under 1 year of age per 1,000 live births.	
Year		Stafford R.D.	England and Wales
1946	.....	61	43
1945	.....	22.4	46
1944	.....	44	46

Deaths from Diarrhoea and Enteritis under 2 years of age.

		Rates per 1,000 Live Births	
Year		Stafford R.D.	England and Wales
1946	—	4.4
1945	—	5.6

Laboratory Facilities, Ambulance Facilities, Nursing in the Home, Treatment Centres and Voluntary Hospitals.

During the year General Practitioners in the area made full use of the facilities available at the County Bacteriology Department for Throat Swab examinations, Sputum Tests, Blood Tests, etc.

Samples of water from wells, etc., in the Rural Area were examined at the County Bacteriological and Chemical Laboratories, with results tabulated elsewhere

The Stafford Rural District Council has agreements with the Stafford Borough and Rugeley Urban District Councils for use of their ambulances for general hospital work, and the services provided prove adequate and efficient for the needs of the Rural Area.

The County Council is the Maternity and Child Welfare Authority for the Area. Child Welfare Centres are available at Walton, Gnosall and Great Haywood, and the Health Visitors do excellent work in promoting the welfare of young children in the district. Your Medical Officer of Health attends the Welfare Centres and the various schools throughout the area and has thus an opportunity of assessing the health standards of the young life in its various aspects.

Members of the Council will have read with keen interest the provisions of the National Health Service Act, 1946. The appointed day for the coming into force of this Act is July 5th, 1948.

During the year use was made of leaflets, etc., issued by the Central Council for Health Education. The Stafford R.D.C. contributes an annual sum to the Central Council for Health Education which is recognised by the Minister of Health as the responsible body for assisting local Authorities in Health Education work. The Council has an expert staff of health educationists and a wide range of health education material, and can provide skilled lecturers on most aspects of health education.

Deaths from Selected Causes, 1946.

Cause of Death	Males	Females	Totals
Tuberculosis of Respiratory System	4	1	5
Other forms of Tuberculosis	—	1	1
Syphilitic Diseases	1	1	2
Cancer of Stomach and Duodenum	1	2	3
Cancer of Breast	—	3	3
Cancer of all other sites	6	4	10
Diabetes	—	3	3
Intra-cranial Vascular Lesions	7	11	18
Heart Disease	15	17	32
Other Diseases of Circulatory System	3	—	3
Bronchitis	1	3	4
Pneumonia	2	1	3
Other Respiratory Diseases	1	1	2
Ulcer of Stomach or Duodenum	2	1	3
Typhoid and Para-Typhoid Fevers	—	—	—
Cerebro-Spinal Fever	—	—	—
Scarlet Fever	—	—	—
Whooping Cough	—	—	—
Diphtheria	—	—	—
Influenza	—	—	—
Measles	—	—	—
Diarrhoea under 2 years	—	—	—
Appendicitis	—	—	—
Other Digestive Disorders	—	4	4
Nephritis	2	—	2
Maternal Causes	—	1	1
Premature Births	5	1	6
Congenital, Birth Injuries, etc.	4	5	9
Road Traffic Accidents	2	—	2
Suicide	—	—	—
Other Violent Causes	1	3	4
All Other Causes	7	12	19
Totals	64	75	139

Infectious Diseases.

The Incidence of Infectious Diseases in 1946 compared with the four previous years is shewn below in tabular form :—

Disease	1946	1945	1944	1943	1942
Scarlet Fever	26	27	46	59	18
Whooping Cough	37	35	25	78	22
Diphtheria	—	2	6	4	5
Erysipelas	2	4	2	2	9
Measles (excluding Rubella) ...	1	164	75	110	10
Acute Primary Pneumonia	3	2	5	6	12
Puerperal Pyrexia	—	1	5	1	4
Cerebro-Spinal Fever	—	1	—	—	3
Dysentery	10	1	7	2	—
Typhoid Fever	1	—	—	—	—
Para-Typhoid Fever	1	—	—	—	—

The case of Typhoid Fever was that of an inhabitant in the area who contracted Typhoid Fever in Wales through the agency of infected ice-cream

Names of Parishes in Stafford Rural District shewing number of Houses (including Farm Houses), approximate Population Figures and Incidence of Infectious Diseases in each Parish in 1946.

Name of Parish.	Number of Houses	Approximate Population	Infectious Diseases Notified.									
			Scarlet Fever	Diphtheria	Measles	Whooping Cough	Pneumonia	Dysentery	Enteric or Typhoid	Para-Typhoid	Erysipelas	Ophthalmia Neonatorum
Adbaston	161	603	1	—	—	—	—	—	—	—	—	—
Baswich	332	1,044	—	—	1	8	—	1	—	—	1	—
Bradley	82	295	—	—	—	—	—	—	—	—	—	—
Brocton	219	622	—	—	—	3	—	—	—	—	—	—
Castle Church	182	573	—	—	—	—	—	—	—	—	—	—
Church Eaton	176	487	1	—	—	4	—	—	—	—	—	—
Colwich	429	1,561	1	—	—	—	—	8	—	—	—	1
Creswell	82	350	—	—	—	1	—	—	—	—	—	—
Ellenhall	48	165	—	—	—	1	—	—	—	—	—	—
Forton	124	450	1	—	—	8	2	—	—	—	—	—
Fradswell	42	148	—	—	—	—	—	—	—	—	—	—
Gayton	47	184	—	—	—	—	—	—	—	—	—	—
Gnosall	569	1,905	5	—	—	—	1	—	—	—	—	—
Haughton	147	485	2	—	—	2	—	—	1	—	—	—
High Offley.....	180	616	—	—	—	1	—	—	—	—	—	—
Hopton and Coton	83	320	1	—	—	—	—	—	—	—	—	—
Ingestre	37	125	—	—	—	—	—	—	—	—	—	—
Marston	47	192	5	—	—	8	—	—	—	—	—	—
Norbury	81	269	1	—	—	—	—	—	—	—	—	—
Ranton	66	264	—	—	—	—	—	—	—	—	—	—
Salt & Enson	97	411	2	—	—	—	—	—	—	—	—	—
Seighford	298	880	1	—	—	—	—	1	—	—	—	—
Stowe	261	857	3	—	—	1	—	—	—	1	—	1
Tixall	49	190	1	—	—	—	—	—	—	—	—	—
Weston	108	386	1	—	—	—	—	—	—	—	1	—
Whitgreave ..	52	201	—	—	—	—	—	—	—	—	—	—
TOTALS	3,999	13583	26	—	1	37	3	10	1	1	2	2

** The Registrar-General estimated the population of the Stafford Rural District at 14,940 (1946).

Age—Incidence of Infectious Diseases, 1946.

AGE-GROUPS	Scarlet Fever		Diphtheria		Measles (excluding Rubella)		Whooping Cough		Pneumonia (Acute Primary)		Dysentery		Enteric or Typhoid		Paratyphoid		Erysipelas		Ophthalmia Neonatorum	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
1—4 years	5	7	—	—	—	—	9	10	—	—	1	—	—	—	—	—	—	—	—	—
5—10 years	5	3	—	—	—	1	6	9	—	1	6	—	—	—	—	—	—	—	—	—
11—15 years	2	1	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—
16—20 years	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21—30 years	—	1	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	—	—	—
31—50 years	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—
51—70 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Over 70 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
TOTALS	13	13	—	—	—	1	17	20	2	1	10	—	1	—	—	1	1	1	1	1

Infectious Diseases Notifications, 1946, showing Months of Occurrence.

MONTH	Scarlet Fever	Diph- theria	Measles (ex- cluding Rubella)	Whoop- ing Cough	Pneumonia (Acute Primary)	Dysentery	Enteric or Typhoid	Para- Typhoid	Erysipelas	Ophthalmia Neonatorum
January	2	—	—	5	—	—	—	—	—	—
February	3	—	1	5	—	2	—	—	1	—
March	4	—	—	8	—	—	—	1	—	—
April	—	—	—	1	1	—	—	—	1	1
May	1	—	—	3	1	—	—	—	—	—
June	—	—	—	12	—	—	—	—	—	—
July	6	—	—	—	—	—	—	—	—	—
August	3	—	—	1	—	—	1	—	—	—
September	2	—	—	—	—	—	—	—	—	—
October	1	—	—	1	1	—	—	—	—	1
November	3	—	—	1	—	—	—	—	—	—
December	1	—	—	—	—	8	—	—	—	—
TOTALS	26	—	1	37	3	10	1	1	2	2

Vital Statistics, 1946.
STAFFORD RURAL DISTRICT AND ENGLAND AND WALES.

Year 1946.	Stafford Rural District.	England and Wales.	126 County Boroughs and Great Towns in cluding London.	148 smaller Towns with Resident Populations 25,000—50,000 at 1931 Census.	London Administrative County.
		Rates	per 1,000 Civilian Population.		
Live Births	18.7	19.1	22.2	21.3	21.5
Still Births	0.27	0.53	0.67	0.59	0.54
Deaths :—					
All causes	9.30	11.5	12.7	11.7	12.7
Typhoid and Para-Typhoid	—	0.00	0.00	0.00	0.00
Scarlet Fever	—	0.00	0.00	0.00	0.00
Whooping Cough	—	0.02	0.02	0.02	0.02
Diphtheria	—	0.01	0.01	0.01	0.01
Influenza	—	0.15	0.13	0.14	0.12
Smallpox	—	0.00	0.00	0.00	—
Measles	—	0.00	0.01	0.00	0.01
A dash (—) signifies that there were no deaths.					
Rates per 1,000 Live Births.					
Deaths under 1 year of age ..	61	43	46	37	41
Deaths from Diarrhoea and Enteritis under 2 years of age	—	4.4	6.1	2.8	4.2

Infectious Diseases.—Notifications, Year, 1946.

Year 1946.	Stafford Rural District.	England and Wales.	126 County Boroughs and Great Towns including London.	148 Smaller Towns with Resident Populations 25,000—50,000 at 1931 Census.	London Administrative County.
		Rates per 1,000	Civilian Population :—		
NOTIFICATIONS.					
Typhoid Fever ..	0.01	0.01	0.01	0.01	0.01
Para-Typhoid Fever ..	0.01	0.02	0.02	0.01	0.01
Cerebro-Spinal Fever ..	—	0.05	0.05	0.04	0.06
Scarlet Fever ..	1.74	1.38	1.51	1.33	1.42
Whooping Cough ..	2.48	2.28	2.48	2.05	2.22
Diphtheria ..	—	0.28	0.32	0.31	0.24
Erysipelas ..	0.13	0.22	0.25	0.22	0.27
Small Pox ..	—	0.00	0.00	0.00	0.00
Measles ..	0.01	3.92	4.73	3.70	7.35
Pneumonia ..	0.20	0.89	1.02	0.74	0.75

A dash (—) signifies there were no cases.

DIPHTHERIA IMMUNISATION.

During 1946 the County Council, as the Welfare Authority, was responsible for providing facilities for the immunisation of children under 5 years of age in the Area. The R.D.C. had a similar responsibility as regards the children aged 5—15 years. Records of all children immunised were held at the R.D.C. Public Health Department.

With the coming into force of the National Health Service Act, 1946 (appointed day 5th July, 1948) duties as regards providing facilities for the Immunisation of Pre-School and School Children will pass to the County Council as Health Authority under the Act.

Diphtheria Immunisation, Stafford R.D., 1946.

Number of Children who completed a full course of Primary Immunisation.			Number of Children who were given a Secondary or Reinforcing Injection, i.e., subsequent to complete full dose.
Under 5 years	5-14 years.	Total	
180	34	214	402.

STAFFORD R.D.

Mid-1946 Child Population.	Estimated percentage of mid-1946 child population immunised against Diphtheria up to 31/12/46.
Under 5 years. 1230	Under 5 years. 70%
5—14 years. 1860	5—14 years 92%

New low records of both notifications and deaths from Diphtheria were reached in England and Wales in 1945; deaths numbered 722, compared with 934, 1,371, 1,827, 2,641 in 1944, 1943, 1942 and 1941 respectively. In 1938 there were 2,861 deaths. This decline is doubtless due to the intensive campaign for Diphtheria Immunisation in 1941—42. Authorities point out that to extinguish the residue of the preventable mortality demands sustained effort to maintain a high proportion of immune children and continual vigilance upon the methods and antigens employed. Of 613,239 children who had a course of Artificial Immunisation in 1945, 474,809 were under 5 years of age. At the end of 1945 it was estimated that 58 per cent of the 8,786,000 children (i.e. under 15 years) living had been immunised. It is pointed out that such a percentage had been reached in the U.S.A. in 1936, and that, in this country, there is room for further effort to reduce the incidence of Diphtheria, to lessen its severity, and perhaps even to remove it from the lists of causes of death. Of every five children contracting the disease in the years 1942-45,

four had not had a Course of Immunisation and of every 30 deaths during these years 29 occurred in Non-Immunised children.

Propaganda during the early years of the Diphtheria Immunisation Schemes aimed chiefly at protecting children of school age, and this object has generally been satisfactorily attained. The position below school age is less satisfactory in this country. This is thought to be explained by the fact that there is no focus which all such children must attend as after 5 years they must attend school. Maternity and Child Welfare Centres may not always cater for the 3—5 year old child, and, moreover, many of the under 3's do not attend. The Ministry of Health accordingly in 1945 decided to put the duty of immunising children of pre-school age upon Child Welfare Authorities as being responsible for the whole welfare of children at this age.

Authorities point out that it is unsafe to assume that infants inherit passive immunity against Diphtheria from their mothers ; infants a few days old may contract Diphtheria and every year 50 children die from the disease before attaining the age of 1 year. Thus it is wise to immunise children when they reach 6—9 months. It is, again, clear that artificial immunity is fleeting and depends for its maintenance on an occasional so-called "boosting" or re-enforcing injection, or upon latent re-infection. It is to be remembered that there is a critical period at the age of 5 when the child passes from pre-school to school life, from a comparatively sheltered environment to one in which he is thrown into the company for several hours a day of many other children and is exposed to many opportunities for infection with Measles, Diphtheria and other infectious diseases. In these circumstances, unless a good basal immunity to Diphtheria has been established, Clinical Diphtheria may develop and it is therefore sound practice to give a "boosting" injection immediately before the commencement of school life. This may be followed by a further "boosting" injection at the age of about 10 years.

England and Wales: Births, Deaths, Population, Infant Mortality, 1871—1945.

PERIOD	Birth Rate per 1,000 living (mean annual rates 1871-1935)	Number of Births Registered (annual averages 1871-1935)	Estimated Popu- lation (annual averages 1871-1935)	Number of Deaths Registered (annual averages 1871-1935)	Death Rate per 1,000 Living (mean annual rates 1871-1935)	Infant Mortality Rate <i>i.e.</i> , Deaths of Children under 1 year per 1,000 live births
1871-1880	35.4	858,878	24,225,271	517,831	21.4	149
1881-1890	32.4	889,024	27,384,934	524,477	19.1	142
1891-1900	29.9	915,515	30,643,316	557,538	18.2	153
1901-1910	27.2	929,821	34,180,052	524,877	15.4	128
1911-1920	21.8	809,622	35,682,500	518,805	14.4	100
1921-1930	18.3	712,907	38,960,000	472,299	12.1	72
1931-1935	15.0	604,573	40,330,200	485,287	12.0	62
1936	14.8	605,292	40,839,000	495,764	12.1	59
1937	14.9	610,557	41,031,000	509,574	12.4	58
1938	15.1	621,204	41,215,000	478,996	11.6	53
1939	14.8	614,479	41,246,000	499,902	12.1	51
1940	14.1	590,120	39,889,000	581,537	14.4	57
1941	13.9	579,091	38,743,000	535,180	13.5	60
1942	15.6	651,503	38,243,000	480,137	12.3	51
1943	16.2	684,334	37,818,000	501,412	13.0	49
1944	17.7	751,478	37,785,000	492,176	12.7	45
1945	15.9	679,937	38,157,000	488,108	12.6	46

**England and Wales—Estimated Mean Population
in thousands by Age and Sex in 1945 (excluding Non-
Civilians), and proportion per 1,000 at all ages.**

Age	Population (in thousands)			Proportion per 1,000
	Males.	Females	Persons	Persons
0—	1,600	1,528	3,128	82
5—	1,443	1,395	2,838	74
10—	1,411	1,376	2,787	73
15—	1,142	1,444	2,586	68
20—	475	1,495	1,970	52
25—	1,454	3,205	4,659	122
35—	2,597	3,392	5,989	157
45—	2,431	2,930	5,361	141
55—	2,009	2,462	4,471	117
65—	1,330	1,694	3,024	79
75—	460	702	1,162	30
85 & over	60	122	182	5
All Ages	16,412	21,745	38,157	1,000

Tuberculosis.

An extract from the Tuberculosis Register of the Stafford Rural District is given below :—

Year	Pulmonary Tuberculosis			Non-Pulmonary Tuberculosis.			Total Pulmonary and Non-Pulmonary Tuberculosis.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
At end of December, 1946	45	32	77	21	23	44	60	55	121
„ 1945	45	30	75	21	23	44	66	53	119
„ 1944	44	28	72	17	24	41	61	52	113
„ 1943	41	28	69	14	23	37	55	51	106

In England and Wales the downward trend of Tuberculosis Mortality among the population as a whole has been resumed following the rise noted in the middle years of the war. It is reported that nearly 800,000 persons have been examined by Mass Radiography from the inception of the scheme in October, 1943, to the end of 1945. An analysis of the results obtained shews that between three and four persons per 1,000 examined

were found to have previously unsuspected but active Pulmonary Tuberculosis. It is also reported that by the Mass Radiography method information has been obtained as regards the incidence of organic heart disease among those examined, this incidence being stated to be about 7 per 1,000. The number of Civilian Mass Radiography units operating in England and Wales during 1945 was 18.

Mass Radiography will enable the diagnosis of Pulmonary Tuberculosis to be made earlier than hitherto, an X-Ray examination revealing the presence of the disease before symptoms develop. In the past, all too often, it has not been possible to close the gap between infection and detection until relatively gross physical signs were present. Authorities express the hope that, as Mass Radiography facilities increase, regular periodical X-Ray examinations of the chest will become part of the routine of the lives of the people. Earlier detection of Pulmonary Tuberculosis means that treatment can be commenced when the disease is at a stage much more tractable to present day treatment than when it has reached a more advanced stage.

It is pointed out that until Pasteurisation of milk becomes universal throughout the country the most readily preventable forms of Tuberculosis, namely those caused by infection with the bovine strain of the Tubercle Bacillus will continue to cause suffering and death among large numbers of children.

1946 Items of General Interest.

If Local Authorities are to build houses of good standard which can be let at rents which working-class tenants can pay, they need, while building costs remain high (more than twice pre-war level) fairly substantial Exchequer subsidies. This was provided in the Housing (Financial and Miscellaneous Provisions) Act, 1946. The Act provides for a Standard Subsidy of £16 10s. for 60 years, to be supplemented by a contribution of £5 10s. from the rates. Houses for the agricultural population receive a special subsidy of £25 10s. per house for 60 years, with a contribution of £1 10s. from the rates and £1 10s. from the County Council. The subsidies provided were calculated on the basis of an assessed net rent of about 10s. per week (7s. 6d. per week for houses for agricultural population) though actual rents would vary in different districts. In addition to the special financial arrangements for houses built by Local Authorities for the agricultural population, the Act provides for an increase of the grant or loan payable to persons, other than the Local Authority, who, by arrangement with the Local Authority, build houses for agricultural workers; the Housing (Financial Provisions) Act 1938 had fixed the subsidy at £10 p.a. for 40 years but it is now increased to £15 p.a. for the same period. The latter subsidy is payable only in respect of cottages occupied by the owner or a tenant, i.e., not for "tied" cottages.

Under the Building Materials and Housing Act passed at the end of 1945 the power which Local Authorities have under the Small Dwellings Acquisition Acts and the Housing Act to advance money to people wishing to buy their houses or to build a house to live in was extended to houses up to a value of £1,500 instead of the previous limit of £800.

Responsibility for Housing Policy and for the general execution of the Housing Programme rests with the Minister of Health, assisted as to supplies of building materials and equipment by the Minister of Works and the Minister of Supply and as to supply of Labour by the Minister of Labour. The Housing Division of the Ministry of Health was re-organised at the beginning of 1946 by the devolution of responsibility for day to day liaison with Local Authorities on all matters connected with their housing programmes to a number of Regional Officers called Principal Housing Officers. The latter have full authority to deal with all normal applications, authorisations, etc., only matters of special difficulty or points of major policy being referred to Whitehall. The other interested Departments also have Regional Officers.

In 1945 Local Authorities were invited to submit formal applications for grant under the Rural Water Supplies and Sewerage Act, 1944. It will be recalled that £15,000,000 is placed at the disposal of the Minister of Health towards expenses incurred by Local Authorities in England and Wales (1) in providing a supply or improving an existing supply of water in a rural locality and (2) in making adequate provision for the sewerage or the disposal of sewage of a rural locality. Grants towards expenses on Sewerage and Sewage Disposal are, however, limited by the Act to schemes which are needed as a result of the provision or improvement of piped water supplies in the locality. If the Minister undertakes to make a grant for either service the County Council are also required to contribute. The Act therefore requires that Local Authorities must consult the County Council before submitting schemes to the Minister and report to him the observations, if any, of the C.C. This provision for consultation affords an opportunity to County Councils of expressing their views on the scope of schemes for their area, e.g., whether individual schemes for separate parishes or districts are advisable or whether there should preferably be a combined scheme covering a number of areas or ranging even more widely. By this means it is expected that the plans of Local Authorities will be so co-ordinated as to secure the best possible use of water resources without undue regard to Local Government boundaries. A number of County Councils have appointed Consulting Engineers to advise them on these matters, a course which has much to commend it. The Act does not specify any rate of grant. It is contemplated that each application for grant will be considered on its merits, having regard to the net annual cost of the scheme, after taking into account anticipated revenues and savings as well as expenditure

and the ability of the Local Authority to bear the cost. The general principle will, however, be followed by the Exchequer, the County Council and the Local Authority sharing an equal financial partnership in the scheme. It is reported that during the year ended 31st March, 1946, formal applications for grant were received from 47 Local Authorities in England and Wales in respect of schemes estimated to cost £4,000,000 ; water schemes were submitted by 30 Authorities and Sewerage Schemes by 17. In addition preliminary information had reached the Ministry of Water Supply Schemes in active preparation in some 220 Rural Districts, estimated to cost £10,000,000 and of Sewerage Schemes in some 180 Rural Districts, estimated to cost about £12,750,000 ; these schemes had not reached the stage at which formal application could be made.

I have to thank Mr. Bland, who was recently appointed as Engineer to the Council, for the following Notes on Water Supply and Sewage Disposal arrangements in the Area.

Water Supply.

Section I of the Western Area Water Scheme which comprises (1) the laying of a 9in. main from the boreholes at The Hollies to the Stafford Road corner in Gnosall and a 5in. main extension from this point under the Railway Bridge to the junction with the Church Eaton Road. (2) the installation of a small borehole pump and pressure tank at The Hollies and (3) the construction of a brick pump house has now been completed and connections can be given to the properties adjacent to the main which are not already serviced by the old Audmore supply.

Section II of the Scheme has been taken a good step forward in that tenders have been invited and received for (1) approximately 9 miles of trunk mains varying from 9ins. diameter to 3ins. (2) the construction of a Reservoir to hold 250,000 gallons on Hob Hill and (3) motors and pumps to both boreholes at The Hollies. These tenders have been submitted to the Ministry of Health and at the time of going to press this approval is still awaited.

Housing Sites.

During the year boreholes have been drilled successfully on the various housing schemes at Bromstead, Forton, Adbaston, Ellenhall, Woodseaves and Haughton and a good supply of fine water obtained in each case.

Seighford.

The vexed question of supplying the village of Seighford with an extension from the Stafford Borough main now appears to be well on the way to settlement and a supply should be available in the near future.

Weston and Salt and Enson.

Schemes for the extension of mains to serve the parishes of Weston-upon-Trent and Salt and Enson are now in course of preparation.

SEWERAGE AND SEWAGE DISPOSAL.

General.

During the year arrangements have been made for the various housing schemes now proceeding to be complete with properly designed and constructed small disposal works which will turn out a filtered effluent and in most cases obviate the nuisance and trouble caused in the past by septic tanks and irrigation areas.

There is no doubt that more modern sewage disposal works will be required in Gnosall, Church Eaton, Weston and such places and that more plants will have to be provided in the villages and hamlets to which it is proposed that the water mains should be extended unless serious danger to health is to be avoided.

Walton, Milford and Brocton.

It is, unfortunately, still not possible to state that, despite all the efforts of this Council, any progress has been made in the provision of adequate sewerage facilities to the villages of Walton, Milford and Brocton. The problem becomes increasingly urgent and serious and it is to be hoped that great steps to provide this very necessary public health service can be taken in the very near future.

Colwich.

Remarks as to Walton, Milford and Brocton apply with equal strength to the parish of Colwich comprising Colwich, Great Haywood and Little Haywood.

The Report of the Standards of Fitness for Habitation Sub-Committee of the Central Housing Advisory Committee published in 1946 contained much of interest to Housing Authorities. Appointed in January, 1945, the Sub-Committee was given the following terms of reference, "to consider whether further guidance as to standards of fitness for habitation can be given within the terms of the existing Housing Acts, and, if so, what form of guidance should take." Evidence was given by many Authorities, Associations, etc. The Standard finally set by the Sub-Committee is stated to be one which may not be fully realisable for some time to come owing to the amount of accumulated building work, but it is emphasised that the Standard represents a target to be aimed at and that it is intended to secure conditions that may be regarded as satisfactory, not merely at present but for a substantial number of years to come. It is intended to secure a house which, when improved, will bear comparison with what is regarded

as proper to a new dwelling. The Standard recommended is as follows :—

The dwelling should—

- (1) be in all respects dry
- (2) be in a good state of repair
- (3) have each room properly lighted and ventilated
- (4) have an adequate supply of wholesome water laid on for all purposes inside the dwelling.
- (5) be provided with efficient and adequate means of supplying hot water for domestic purposes.
- (6) have an internal or otherwise readily accessible water-closet.
- (7) have a fixed bath preferably in a separate room.
- (8) be provided with a sink or sinks and with suitable arrangements for the dispersal of waste water.
- (9) be provided with facilities for domestic washing including a copper preferably in a separate room.
- (10) have a proper drainage system.
- (11) be provided with adequate points for artificial lighting in each room.
- (12) be provided with adequate facilities for heating each habitable room.
- (13) have satisfactory facilities for preparing and cooking food.
- (14) have a well-ventilated larder or food-store.
- (15) have proper provision for the storage of fuel.
- (16) have a satisfactory surfaced path to out-buildings and convenient access from a street to the back door.

The Sub-Committee appreciated that in some rural areas or parts of rural areas it may not be practicable for all of the requirements listed to be attained, the degree of application of the Standard perforce varying according to the extent to which public services are or are not available.

The Rural Housing Sub-Committee of the Central Housing Advisory Committee has in a recent report expressed the opinion that new building and reconditioning of suitable present property should proceed hand in hand. The reconditioned house should conform to the Standard set by the Standards of Fitness Sub-Committee noted above. It will be recalled that the power to make grants under the Housing (Rural Workers) Acts lapsed on 30th September, 1945, because it was desired to prevent the diversion of labour from new building. At a later stage when new houses have been erected to a sufficient degree the Minister of Health hopes to renew the Housing (Rural Workers) Acts in

appropriate form. The Sub-Committee recommend that such an Act should provide for two main stages :—

1. The re-introduction of grants for re-conditioning.
2. A provision that, on an appointed day to be decided by the Minister of Health in the light of the labour and material supply, a duty should be placed upon the owner, or in default upon the Local Authority, to re-condition all property in need of such treatment.

It is estimated that about 100,000 houses in rural areas in England and Wales are suitable for re-conditioning. It is emphasised that while the conditions of many cottages have deteriorated because almost all repairs or improvements have been impossible for the past 6 years the new houses at present under construction in country areas provide in general a higher standard of comfort and amenity than ever before. As a result of this sharp contrast there is a great and growing demand for improved conditions from occupiers of rural cottages who have tolerated poor conditions for many years past. This demand is more marked where Service men and women have returned to rural areas having had experience of higher standards of accommodation in the course of their service. The Ministry of Agriculture wish to attract 100,000 new permanent workers to the land. These workers will require good housing and their willingness to live or continue to live in the country will doubtless be greatly influenced by the reaction of their wives and families to the kind of accommodation available to them. The success with which this much needed new blood can be brought into agriculture largely depends upon the standard of housing, either old or new, which can be offered to them. Many families are living in rural areas in sub-standard houses which could be modernised by re-conditioning. The fact that the occupants of these houses will see for themselves that there is little hope of securing a new house of modern standards will have a bad psychological effect and may well add appreciably to the tendency for rural workers to leave the countryside. The value of re-conditioning to prevent this state of mind is considered by the Sub-Committee to be self-evident, as a re-conditioning grant will enable a start to be made in bridging the harmful gap between the standard of old property and that of the new ; as new housing progresses a programme of re-conditioning will become ever more necessary. The right type of skilled architectural advice on re-conditioning is advocated, due regard to be paid to the maintenance of aesthetic values in rural areas.

The recommendations in the report are based upon the assumption that the work of reconditioning a rural dwelling will result in the dwelling being brought to a standard which will compare favourably with the standard of a new house, including the provision of modern equipment and amenities. By the full reconditioning of rural housing to modern standards the following advantages will be gained :—

1. A properly re-conditioned house provides conditions of comfort and amenity comparable to new housing.

2. If thoroughly and completely carried out it will provide modernised houses for about half the expenditure of labour and materials required for the same quantity of new housing.

3. Re-conditioning adds to housing accommodation by bringing back into use houses which otherwise would remain unoccupied; it creates additional accommodation by the provision of extra rooms in existing houses or by converting into dwellings buildings never before used as such and it forestalls dilapidations which would otherwise cause properties to lapse into disuse.

4. Re-conditioning in some cases provides a dwelling larger than the average new house and excellently suited to the needs of a big family. On the other hand, the re-conditioning of smaller cottages often provided satisfactory accommodation for single persons, or childless couples whose needs will generally be the last to be met by the provision of new houses. In the case of old people who are frequently deeply attached to their dwellings re-conditioning will provide a permanent and happy solution to their housing problems.

5. Re-conditioning preserves buildings which are typical of the traditional work of the district and are an important part of the beauties of the countryside.

The Annual Report of the Ministry of Health for 1945 contained much of general interest. It is stated that as far as clinical surveys of the state of Nutrition of various groups of the population and the heights and weights of the children are to be regarded as reliable indices the nutrition of the population generally remained good. The improvement in the rate of growth of School children suggests that the children of 1945 were of better physique than corresponding children in 1940 or before the war. The report refers to the urgent need for the better housing of the people, and in this connection recounts the difficulties of the building industry and building materials industries.

Persons over 65 years of age comprised 10 per cent of the population in 1945 compared with 9 per cent in 1939.

The statistical figures given in the report are of great interest. The Infant Mortality rate of 46 per 1,000 live births was slightly higher than in 1944 and the Still-Birth rate at 28 per 1000 total births shewed no change. The Maternal Mortality Rate continued to decline and reached the lowest level ever recorded—1.80 per 1,000 total births compared with 1.92 in 1944.

The schemes for the provision of priority milk and eggs for expectant mothers and children under 5 continued unchanged. Disappointment is expressed at the consumption of the various Vitamin supplements during the year, representing only 25 per cent of the Cod Liver Oil and 42 per cent of the Orange Juice available.

In 1945 Notifications of Measles numbered 446,796 or 40,000 more than the number recorded in any previous year since Notification began in 1940. The number of deaths was only 729 giving the extraordinary low fatality rate of 0.16 per cent, about one-seventh of the immediate fatality rate of Whooping Cough in 1945. In 1918 when a modified system of Notification of Measles was in force (viz., of the first case only in each family), 414,346 cases were notified, though of course there were many more and the number of deaths was 9,856—nearly 14 times as many as in 1945.

Influenza accounted for 2,686 deaths in 1945, the lowest recorded for 30 years. Mortality from Dysentery has increased though fortunately not in proportion to the increase in notifications.

The number of cases of Scarlet Fever occurring in England and Wales in 1945 was 73,687 compared with 116,034 and 92,671 in 1944 and 1943 respectively. The 84 deaths from the disease during 1945 are by far the fewest ever recorded, the previous low record being 104 in 1942. The Fatality Rate also created a low record.

Mention is made of the extremely interesting observation that Congenital Defects have occurred in the children of women who contracted German Measles during pregnancy; investigations into this are proceeding. Trials in various parts of the country are being sponsored by the Ministry of Health as regards the efficacy or otherwise of Whooping Cough Vaccines. The report observes that the various health campaigns conducted in the country will obtain their maximum effect only when environmental faults are corrected i.e., better housing, relief of overcrowding, provision of adequate ventilation, etc.

In 1945 in England and Wales the Total Rateable Value was £319,358,747, estimated product of a penny general rate was £1,224,251 and the Estimated Average Rate in £ levied in all rating areas in England and Wales in 1945-46 was 14s. 7 $\frac{3}{4}$ d. compared with 13s. 9 $\frac{1}{4}$ d. in 1944-45. In 1945-46 total receipts of Local Authorities in England and Wales from rates were estimated at £218,000,000, an increase of £16,000,000 over that estimated for 1944-45.

Sanitary Circumstances of the Area.

The table following gives a resume of the Sanitary Services provided in the area during 1946.

Parish.	No. of houses.	No. of houses with piped water supply.	No. of houses on sewerage system.	No. of houses served by Refuse Collection Scheme.
Adbaston ..	161	30 (g)	—	—
Berkswich ..	332	331 (a)	81	325
Bradley ..	82	—	—	—
Brocton ..	219	201 (a)	—	169
Castle Church ..	182	145 (a)	39	145
Church Eaton ..	176	—	48	—
Colwich ..	429	365 (a)	153	406
Creswell ..	82	81 (a)	30	74
Ellenhall ..	48	—	—	—
Forton ..	124	28 (c)	—	30
Fradswell ..	42	—	—	—
Gayton ..	47	—	—	—
Gnosall ..	569	90 (b)	130	412
Haughton ..	147	—	—	65
High Offley ..	180	—	—	30
Hopton and Coton ..	83	83 (a) & (d)	12	—
Ingestre ..	37	36 (d)	—	—
Marston ..	47	47 (e)	—	—
Norbury ..	81	15 (f)	14	—
Ranton ..	66	—	—	—
Salt and Enson ..	97	29 (d)	—	24
Seighford ..	298	45 (a)	8	132
Stowe ..	261	—	—	97
Tixall ..	49	40 (a)	—	—
Weston ..	108	—	25	92
Whitgreave ..	52	30 (e)	—	—
	3,999	1,596	540	2,001

- (a) Stafford Borough Council Supply.
 (b) Supply gravitating from Spring at Audmore, Gnosall (R.D.C. Works).
 (c) Newport U.D.C.'s supply and the Aqualate Estate Co.s spring supply.
 (d) Shrewsbury Estate spring supply.
 (e) Staffordshire County Council Yarlet Bank supply.
 (f) Norbury Church Farm spring supply.
 (g) Knighton Factory Well supply.

SANITARY INSPECTION OF THE AREA.—SUMMARY OF VISITS.

Inspection of Dwelling Houses	870
Theses Inspections were for the following purposes :—	
(a) Hobhouse Survey	6
(b) Inspection of Houses for defects other than in Hobhouse Survey	102
(c) Re-inspection of Houses	89
(d) Inspections of living Vans and Sheds	20
(e) Inspections of Service Buildings occupied by Squatters	158
(f) Overcrowding and Inadequate Accommodation	158
(g) Building Licences for House Repair	161
(h) Council House Management	176
	870
Inspection of Premises for and re Nuisances	148
Visits <i>re</i> Food Supply—Meat	95
Ditto ditto other Foods	26
Drainage Inspections	148
New Drains Laid and Tested	88
Cowsheds and Dairies	67
Infectious Diseases	88
Visits <i>re</i> Water Supply	76
Samples of Water taken—Chemical and Bacteriological	22
Re Salvage Collection	20
Refuse Collection and Disposal	151
Bakehouses	6
Factories	3
Knackers' Yards	21
Petroleum Stores	3
Rat Infestations	50
Fumigations	31
Schools—Water Supply and Milk Supply	4
Inspections of Hut Sites for possible conversion	14
Keeping of Animals	15
Miscellaneous Visits	93
	2,039
NOTICES SERVED :	
Informal Notices and Letters	80
Statutory Notices to Remedy Nuisances	3
(These Statutory Notices were complied with during 1946)	
Compliance with Notices :	
(a) No. of Nuisances Remedied (other than in (b) below)	49
(b) No. of Defective Dwellings rendered Fit (Informal and Statutory Action)	40

WATER SUPPLY.

Approximately half of the dwellings in the Rural District have a piped supply. The remainder rely on supplies from shallow wells, deep wells, narrow boreholes and springs. The quality and quantity of supply from the shallow wells and springs are frequently far from satisfactory but during the year 1946 these supplies were generally satisfactory as regards quantity. The public piped supplies of water were satisfactory during the year as regards quantity and satisfactory as regards quality on sampling.

The public piped supplies are, almost without exception, direct to the houses. The Stafford Borough Council supply (chlorinated) which is piped to much of this Council's district surrounding the town was sampled from time to time by the Borough Council and found to be satisfactory.

The table which follows shows the results of samples of drinking water taken during the year.

	No. of samples taken for Bacteriological Examination and Chemical Analysis	Results.	
		Fit.	Unfit.
Wells	16	—	16
Mains Supplies :			
(a) Public	1*	1	—
(b) Private	1	1	—
Boreholes	4	4	—
	22	6	16

* From one of the new Boreholes at Gnosall (no treatment installed).

Where well and similar private supplies of water were found to be contaminated, requests were made to owners to carry out remedial work such as drilling new boreholes, except in those instances where the properties concerned are in areas for which schemes of piped water supply have been prepared—in these cases the users were advised to boil or sterilize water before drinking.

Western Area Water Scheme.—The work of “harnessing” one of the boreholes to pump and pressure tank at the Hollies, Gnosall, and the erection of the pumphouse and installation of the mains to Gnosall Village was carried out during the year.

Apart from the foregoing work there was during the year no major change in the method of water supply to the area.

SEWERAGE AND SEWAGE DISPOSAL.

By far the greater number of houses in the area are separately drained to either small private cesspools or septic tanks with

soakaways and the remarks on this subject in the 1945 Annual Report is worthy of repetition—"The sewerage arrangements of most of the villages are in urgent need of improvement and as the Western Area Water Scheme and other water schemes proceed it will be necessary to provide new and modern sewerage and sewage disposal works to the developed areas."

No new works of sewerage and sewage disposal or of additions were carried out during the year.

The following table gives the number and type of closets serving the dwellings in the area :—

Water Closets	.....	2,669
Pail Closets	.....	1,091
Earth Closets	.....	534

REFUSE AND SALVAGE COLLECTION.

Regular service was provided to about 2,000 houses in the parishes in which the Council undertook the collection of house refuse, i.e., as shown in the table giving details of sanitary services on a previous page.

Considering the impossibility of keeping an eye daily on the several refuse tips which are of necessity in various parts of this district, the tips were kept in fair order and tipping has been of a controlled nature as far as has been possible. Collection of refuse from dwellings, etc., by the three petrol driven vehicles, each manned by two men, was at fortnightly intervals except on comparatively few occasions when by reasons beyond control the system of collection became a few days behind schedule. It is felt that mention should be made of the great difficulty of maintaining a perfect service to an area such as this but it is claimed that, under the conditions prevailing, the work of refuse collection has been done well.

Particulars and weights of salvage materials collected during the year are given below.

	Tons	Cwts.	Qrs.	£	s.	d.
Clean Paper, Cardboard, etc.	..... 23	4	—	148	18	0
Rags and Other Textiles	.....	5	—	3	0	0
Black Scrap	.....	10	—	1	5	0
Bones	.....	15	3	4	1	5
	24	14	3	£157	4	5

HOUSING.

New houses erected during 1946 :—

(a) by Local Authority	.....	.....	.....	Nil
(b) by Private Enterprise	.....	.....	.....	24

Inspection of Dwelling Houses during the year :—

(1)	Total number of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts)	122
(2)	Number of dwelling-houses (included under sub-heading (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925.....	6
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	44
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation)	51

Remedy of defects during the year without service of formal notices :—

Number of defective dwelling-houses rendered fit in consequence of (a) informal action by the Local Authority or its Officers	30
(b) Statutory action by the Local Authority or its Officers	10
	<hr/> 40

Action under Statutory Powers during the year :—

(a)	Proceedings under Housing Act, 1936	Nil
(b)	Proceedings under Public Health Act, 1936 :— Number of dwellings in respect of which notices were served requiring defects to be remedied	1
	(This was remedied in 1946 by the Owner)	

Hobhouse Survey.—It was not found possible during the year by existing staffing arrangements to make appreciable progress with the Hobhouse survey. At the end of the year the total number of houses surveyed since the commencement of the Survey was 842 and these were classified as follows :—

Category 1—Houses satisfactory in all respects	377
Category 2—Minor Defects	13
Category 3—Requiring Repair, structural alteration or improvement	266

Category 4—Appropriate for Reconditioning	12
Category 5—Unfit for Habitation and beyond repair at reasonable cost	174
	<hr/> 842 <hr/>

Repair of Dwellings by Licence, etc.

It is, of course, well known that, in order to reserve materials and labour for essential work, building work exceeding £10 in value is allowed only by licence. It is interesting to note that during the year 403 Building Licences were issued by this Department of which 256 were for repairs to or improvement of dwellings; 18 for the erection of new dwellings; 120 for work other than housing; and 9 were for work which included both house repairs and work to other buildings at the same property. In addition 3 Maintenance Licences were issued to cover day to day repair work to farm cottages, farmhouses and farm buildings on three large estates in this area.

FOOD INSPECTION.

Particulars of Food Inspected during the Year :—

MEAT.

CARCASES INSPECTED AND CONDEMNED.

		Bulls and Bullocks	Cows	Heifers	Calves	Sheep and Lambs	Pigs	Horses
	No. killed and inspected	5	102	13	1	5	—	336
Meat condemned due to diseases other than tuberculosis	Whole carcases condemned	3	52	5	1	2	—	5
	Carcases of which some part or organ was condemned	—	8	4	—	—	—	2
	Whole carcases condemned	—	19	1	—	—	—	—
Meat condemned due to tuberculosis	Carcases of which some part or organ was condemned	1	5	—	—	—	—	—

• The above animals were killed and examined at a Casualty Slaughterhouse in the area, which is the reason for the high percentage of Beef condemned.

Weight of Meat (excluding Horses Condemned due to :—

(a)	Tuberculosis	10,600 lbs.	
(b)	Other Diseases or Conditions.....	29,260 lbs.	
		<hr/>	39,860 lbs.

Weight of Horseflesh Condemned 3,020 lbs.

Weight of other Foods Condemned :—

(a)	Tinned Foods	358 lbs.	
	(including 328 lbs. from N.A.A.F.I. Establishments)		
(b)	Other miscellaneous Foods	704 lbs.	
	(including 54 lbs. from N.A.A.F.I. Establishments)		
		<hr/>	1,062 lbs.

Total weight of Food Condemned	<hr/> 43,942 lbs. <hr/>
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A. THOMSON,

Medical Officer of Health.

G. M. LAWTON,

Chief Sanitary Inspector.

